

INVOICE



SECURE RECORD SERV

PO BOX 290578

CHARLESTOWN, MA 02129



Invoice #: 26544059

Inv. Date: 1/14/2014

Due Date: 1/24/2014

Terms: Net 10

Patient: FINFROCK, EDWYN

Account #: 146980

Claim/File #: 155964

Shipping:

PO BOX 290578

CHARLESTOWN, MA 02129

Facility: WESTCHESTER MEDICAL CENTER

Description	Quantity	Unit Price	Extension
* Note: Hard Copy Page Count: 78	78	\$0.00	\$0.00
Basic Fee \$25.00	1	\$25.00	\$25.00
Copy Charge \$1.50 Per Page	78	\$1.50	\$117.00

Product Total:	\$ 142.00	
State Tax:		0.00%
City/local Tax:		0.00%
Sales Tax:	\$ 0.00	(0.00%)
Postage:	\$ 5.17	
Grand Total:	\$ 147.17	
Credits/Payments:	\$ 0.00	
Amount Due:	\$ 147.17	

Please Note: This information has been disclosed to you from records that may be protected by state and federal confidentiality rules (42 CFR, part 2). The federal rules prohibit you from making any further disclosure of protected information unless further disclosure is expressly permitted by written consent of the person to whom it pertains, or is otherwise permitted by 42 CFR, part 2.

Payment Options:

- Use your credit card online at payportal.iodincorporated.com
- Use your credit card by phone at 866-420-7455 Option 1
- By mail; please include the payment sheet (page 2) with your check to ensure that your payment is properly applied!

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PO Box 19072, Green Bay WI, 54307-9072
Phone: 866-420-7455 Option 1 * Fax: 920-406-6537

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